-:11	in Abia infa					
	tor 1	ormation to identify your  Tracy Lee Shelley				
Den	101 1	First Name	Middle Name	Last Name		
	tor 2 use if, filing)	First Name	Middle Name	Last Name		
Unit	ed States E	Bankruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN		
Cas	e number	20-30427				
(if kno	own)				_	k if this is an ded filing
Su	mmary			d Certain Statistical Information		12/15
infor	mation. Fi original fo	ill out all of your schedule	es first; then complete the	e information on this form. If you are filing amend the box at the top of this page.		
					Your a	ussets of what you own
1.		e A/B: Property (Official Foliane 55, Total real estate, for			\$	0.00
	1b. Copy	line 62, Total personal pro	perty, from Schedule A/B		\$	17,795.00
	1c. Copy	line 63, Total of all property	y on Schedule A/B		\$	17,795.00
Part	2: Sum	marize Your Liabilities				
						i <b>abilities</b> nt you owe
2.			laims Secured by Property mn A, <i>Amount of claim,</i> at tl	(Official Form 106D) he bottom of the last page of Part 1 of <i>Schedule D</i>	\$	10,876.00
3.			Unsecured Claims (Official 1) (priority unsecured claims	Form 106E/F) s) from line 6e of <i>Schedule E/F</i>	\$	5,000.00
	3b. Сору	the total claims from Part	2 (nonpriority unsecured cla	aims) from line 6j of Schedule E/F	\$	145,942.00
				Your total liabilities	\$ \$	161,818.00
Part	3: Sum	nmarize Your Income and	Expenses			
4.		I: Your Income (Official For combined monthly incom		<i>I</i>	\$	4,199.00
5.	Schedule Copy you	J: Your Expenses (Official r monthly expenses from li	Form 106J) ne 22c of <i>Schedule J</i>		\$	3,966.00
Part	4: Ansv	wer These Questions for	Administrative and Statis	stical Records		
6.	Are you f	illing for bankruptcy und You have nothing to report	-	neck this box and submit this form to the court with yo	our other so	hedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,843.83 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	5,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	5,000.00

Case num	ates Bankruptcy Cou	Mid	dle Name Last Name		
United Sta	ates Bankruptcy Cou		W 51		
Case num			dle Name Last Name		
	mber <b>20-30427</b>	rt for the: EASTER	N DISTRICT OF MICHIGAN		
Officia					☐ Check if this is a amended filing
	al Form 106/	4/B			
Sche	dule A/B:				12/15
			st an asset only once. If an asset fits in more than on	a category list the as	
Do you o			Other Real Estate You Own or Have an Interest In any residence, building, land, or similar property?		
	Yes. Where is the prop	perty?			
.1			What is the property? Check all that apply		ured claims or exemptions. Put
Street	t address, if available, or oth	ner description	— ☐ Single-family home		secured claims on Schedule D: ve Claims Secured by Property.
			☐ Duplex or multi-unit building	Current value of t entire property?	he Current value of the portion you own?
City	S	State ZIP Code	Condominium or cooperative	\$	\$
			☐ Manufactured or mobile home		
			☐ Land		
			☐ Investment property ☐ Timeshare		
			Other	Doscribo the natu	re of your ownership interest
			Who has an interest in the property? Check one		le, tenancy by the entireties, c
			Debtor 1 only		
Count	tv		Debtor 2 only		
Count	•9		☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Check if this (see instructio	is community property
			Other information you wish to add about this ite	m, such as local	,
			property identification number:		

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Schedule A/B: Property Official Form 106A/B page 1

Debto	or 1 <b>T</b>	racy Lee Shelley		Case number (if known)	20-30427
Ca	rs, vans,	trucks, tractors, sport utility v	ehicles, motorcycles		
	do.				
	vo ∕es				
_	163				
3.1	Make:	Ford	Who has an interest in the property? Check one		red claims or exemptions. Put
	Model:	Fusion	■ Debtor 1 only		ecured claims on Schedule D: e Claims Secured by Property.
	Year:	2016	Debtor 2 only	Current value of th	e Current value of the
	Approxim	nate mileage: 70000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	ormation:	At least one of the debtors and another		
			☐ Check if this is community property	\$0.0	00 \$0.00
			(see instructions)		
3.2	Make:	Ford	Who has an interest in the property? Check one		red claims or exemptions. Put
0.2	Model:	Escape	Debtor 1 only		ecured claims on Schedule D: e Claims Secured by Property.
	Year:	2014	Debtor 2 only	Current value of th	
	Approxim	nate mileage: 88000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	ormation:	☐ At least one of the debtors and another		
			☐ Check if this is community property (see instructions)	\$11,000.0	\$5,500.00
	/es				
4.1	Make:	LS	Who has an interest in the property? Check one		red claims or exemptions. Put ecured claims on Schedule D:
	Model:	MT2 25	Debtor 1 only		e Claims Secured by Property.
	Year:	2018	Debtor 2 only	Current value of th	
	Other info	ormation:	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
			☐ Check if this is community property	\$12,000.0	0 \$6,000.00
	tractor	(untitled)	(see instructions)		
4.2	Make:	Ariens	Who has an interest in the property? Check one	Do not deduct secur	red claims or exemptions. Put
	Model:	52" zero-turn mower	Debtor 1 only	,	ecured claims on Schedule D: e Claims Secured by Property.
	Year:	400 hours	Debtor 2 only	Current value of th	
			Debtor 1 and Debtor 2 only	entire property?	portion you own?
		ormation:	At least one of the debtors and another	40.000	
	I	mower (untitled) with s attachements	☐ Check if this is community property (see instructions)	\$2,800.0	0 \$1,400.00
			wn for all of your entries from Part 2, includin e that number here		\$12,900.00
art 3	Descril	be Your Personal and Household	Items		
о у	ou own o	r have any legal or equitable i	nterest in any of the following items?		Current value of the portion you own?
					Do not deduct secured claims or exemptions.
		goods and furnishings			c.ac or oxomptions.
	No	Major appliances, furniture, linen	s, china, kitchenware		
	Yes. De	scribe			
officia	l Form 10	06A/B	Schedule A/B: Property		page

Official Form 106A/B Schedule A/B: Property page 2
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Best Case Bankruptcy

Debto	r 1	Tracy Lee Sh	<b>relley</b> Case number	(if known) <b>20-30427</b>
			misc. households furniture, appliances and housewares	\$3,000.00
			miss. nousenous furniture, appliances and nousewares	
	ample No	es: Televisions ar	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners phones, cameras, media players, games	s; music collections; electronic devices
			46" TV, tuner and cell phone	\$400.00
Exa	ample No		figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stans, memorabilia, collectibles	amp, coin, or baseball card collections;
Exa	ample No	ent for sports an es: Sports, photog musical instru Describe	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis	; canoes and kayaks; carpentry tools;
□ \ □ \ 11. <b>Cl</b> e E: □ !	xamp No Yes. othes xamp	oles: Pistols, rifles  Describe	, shotguns, ammunition, and related equipment others, furs, leather coats, designer wear, shoes, accessories	
			misc. clothing	\$200.00
	xamp No		velry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches	s, gems, gold, silver
E: ■ I	xamp No	rm animals bles: Dogs, cats, b Describe	pirds, horses	]
	No	-	d household items you did not already list, including any health aids you did n	not list
П,	Yes.	Give specific info	prmation	

Official Form 106A/B Schedule A/B: Property page 3

De	btor 1	Tracy Lee Shelley			Case number (if known)	20-30427
15			,	3, including any entries for pag	es you have attached	\$3,600.00
Pai	rt 4: Des	scribe Your Financial Asse	ets			
			equitable interest in any	y of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No		our wallet, in your home,	, in a safe deposit box, and on ha	nd when you file your petiti	on
	Examp □ No			s; certificates of deposit; shares in high the same institution, list each. Institution name:	n credit unions, brokerage l	nouses, and other similar
		17.1.	checking and savings	Vibe Credit Union		\$200.00
	Examp ■ No □ Yes		Institution or issuer nam	rage firms, money market account ne:		t in an II C nartnershin and
		enture	i interesto in moorporat	iou unu unimoorporuteu businet	soco, mordanig an interes	t in an 220, partiership, and
	☐ Yes.	Give specific information Na	n about them nme of entity:		% of ownership:	
	Negoti Non-ne ■ No	able instruments include egotiable instruments are Give specific information	personal checks, cashier those you cannot transfe	ple and non-negotiable instrumers' checks, promissory notes, and er to someone by signing or delive	money orders.	
		nent or pension accour oles: Interests in IRA, ER		b), thrift savings accounts, or othe	er pension or profit-sharing	plans
	□ Yes.	List each account separa Type	ately. of account:	Institution name:		
	Your s <i>Examp</i> □ No		its you have made so tha	at you may continue service or use lic utilities (electric, gas, water), te Institution name or individual:		nies, or others

Schedule A/B: Property Official Form 106A/B page 4

Debtor 1	Tracy Lee Shelley		Case number (if known) 20-30427			
	Rent	i	Landlord - Bruce Hundley		\$680.00	
■ No		odic payment of mo	ney to you, either for life or for a number of y	/ears)		
	sts in an education IRA, i S.C. §§ 530(b)(1), 529A(b),		qualified ABLE program, or under a qual	ified state tuition prog	ram.	
	Institution	name and descripti	ion. Separately file the records of any interes	sts.11 U.S.C. § 521(c):		
25. <b>Trust</b> : ■ No	s, equitable or future inte	rests in property	(other than anything listed in line 1), and	rights or powers exerc	cisable for your benefit	
	. Give specific information	about them				
			and other intellectual property eeds from royalties and licensing agreement	ıs		
■ No						
⊔ Yes	s. Give specific information	about them				
Exan ■ No		clusive licenses, cod	<b>bles</b> operative association holdings, liquor license	es, professional licenses	;	
☐ Yes	s. Give specific information	about them				
Money o	r property owed to you?				Current value of the	
,					portion you own? Do not deduct secured claims or exemptions.	
■ No	efunds owed to you					
☐ Yes	s. Give specific information	about them, includi	ing whether you already filed the returns and	the tax years		
Exan ■ No	y support  nples: Past due or lump sur  s: Give specific information.	,	I support, child support, maintenance, divorc	e settlement, property s	ettlement	
	·					
	r <b>amounts someone owes</b> Inples: Unpaid wages, disab benefits; unpaid loar	oility insurance payr	ments, disability benefits, sick pay, vacation	pay, workers' compens	ation, Social Security	
■ No	benefits, unpaid loar	is you made to son	HEUHE EISE			

Schedule A/B: Property page 5 Official Form 106A/B

D	ebtor 1	Tracy Lee Shelle	<u>y</u>	Case number (if know	n) <b>20-30427</b>
	☐ Yes.	Give specific informat	ion		
		·			]
31		sts in insurance polic oles: Health, disability,	es or life insurance; health savings account (HSA)	; credit, homeowner's, or renter's insu	rance
		Name the insurance c	ompany of each policy and list its value.		
		_	Company name:	Beneficiary:	Surrender or refund value:
32	If you a	terest in property tha are the beneficiary of a one has died.	t is due you from someone who has died living trust, expect proceeds from a life insurar	nce policy, or are currently entitled to r	eceive property because
	■ No □ Yes	Give specific informat	ion		
	00.	Civo oposino imornia	[OIII.		7
33	Exam <sub>l</sub> ■ No		, whether or not you have filed a lawsuit or ment disputes, insurance claims, or rights to so		]
34	■ No	contingent and unliqu	uidated claims of every nature, including co	unterclaims of the debtor and rights	to set off claims
35	. Any fir	nancial assets you did	I not already list		
	■ No				
	☐ Yes.	Give specific informat	ion		]
36			of your entries from Part 4, including any er er here		\$880.00
Pa	art 5: De	scribe Any Business-Re	lated Property You Own or Have an Interest In. Lis	st any real estate in Part 1.	
37.	Do you	<del>-</del>	equitable interest in any business-related proper		
		Go to line 38.			
					Current value of the portion you own? Do not deduct secured claims or exemptions.
38	☐ No	nts receivable or con	nmissions you already earned		
			ls of trade, including: laser (28 yrs old) isture meter	, hand tools, 2 tripods,	\$415.00
_					

Official Form 106A/B Schedule A/B: Property page 6

Debtor 1	Tracy Lee Sh	nelley		Case number (if know	n) <b>20-30427</b>
		ishings, and supplies lated computers, softwa		rs, fax machines, rugs, telephones, des	ks, chairs, electronic devices
	s. Describe				
■ No		uipment, supplies you	u use in business, and too	ls of your trade	
⊔ Yes	Describe				
41. Inven	tory				
■ No □ Yes	s. Describe				
42. Intere ■ No	ests in partnership	ps or joint ventures			
☐ Yes	. Give specific info	ormation about them Name of entity:		% of ownership:	
				%	\$0.00
■ No.	our lists include per  No Yes. Describe		mation (as defined in 11 U.S.C.	§ 101(41A))?	
44. <b>Any b</b> ■ No	ousiness-related p	property you did not a	Iready list		
☐ Yes	s. Give specific info	rmation			
				ntries for pages you have attached	\$415.00
		and Commercial Fishing- interest in farmland, list it ir	-Related Property You Own or n Part 1.	Have an Interest In.	
	ou own or have ar	ny legal or equitable in	nterest in any farm- or com	mercial fishing-related property?	
_	es. Go to line 47.				Current value of the
					Current value of the portion you own? Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 7

Debtor	1 Tracy Lee S	Shelley	Case number (if known)	20-30427
	<b>n animals</b> a <i>mples:</i> Livestock, լ	poultry, farm-raised fish		
□ No	o es			
48. <b>Cro</b>	ps—either growin	g or harvested		
□ No	o es. Give specific inf	formation		
49. <b>Far</b> ı	n and fishing equ	ipment, implements, machinery, fixtures, and tools of trade		
□ N	o es			
50. <b>Far</b> ı	n and fishing sup	plies, chemicals, and feed		
□ N	o es			
51. <b>Any</b>	farm- and comme	ercial fishing-related property you did not already list		
□ N	o es. Give specific inf	formation		
		of all of your entries from Part 6, including any entries for pag		
Part 7:	Describe All Pr	operty You Own or Have an Interest in That You Did Not List Above		
Exa	amples: Season tick	operty of any kind you did not already list? kets, country club membership		
■ No	o es. Give specific inf	formation		
54. <b>Ac</b>	ld the dollar value	of all of your entries from Part 7. Write that number here		\$0.00

Deb	tor 1 Tracy Lee Shelley		Case number (if known) 20-3	0427
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$0.00
56.	Part 2: Total vehicles, line 5	\$12,900.00		
57.	Part 3: Total personal and household items, line 15	\$3,600.00		
58.	Part 4: Total financial assets, line 36	\$880.00		
59.	Part 5: Total business-related property, line 45	\$415.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$17,795.00	Copy personal property total	\$17,795.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$17,795.00

mation to identify your	case:		
	•		
First Name	Middle Name	Last Name	
First Name	Middle Name	Last Name	
inkruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN	
20-30427			
20-30421			☐ Check if this is an amended filing
	Tracy Lee Shelley First Name First Name	First Name Middle Name ankruptcy Court for the: EASTERN DISTRICT O	Tracy Lee Shelley  First Name Middle Name Last Name  First Name Middle Name Last Name  Inkruptcy Court for the: EASTERN DISTRICT OF MICHIGAN

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify	y the F	roperty	You (	Claim	as Exe	empt
---------	----------	---------	---------	-------	-------	--------	------

	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)										
	■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)										
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.										
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption						
		Copy the value from Schedule A/B		ck only one box for each exemption.							
	2014 Ford Escape 88000 miles	\$5,500.00		\$4,000.00	11 U.S.C. § 522(d)(2)						
	Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit							
	2014 Ford Escape 88000 miles	\$5,500.00		\$1,500.00	11 U.S.C. § 522(d)(5)						
	Line IIIIII Scriedule PVB. 3.2			100% of fair market value, up to any applicable statutory limit							
	2018 LS MT2 25 tractor (untitled)	\$6,000.00		\$6,000.00	11 U.S.C. § 522(d)(5)						
	Line from Schedule A/B: 4.1			100% of fair market value, up to any applicable statutory limit							
	400 hours Ariens 52" zero-turn	\$1,400.00		\$1,400.00	11 U.S.C. § 522(d)(3)						
	lawnd mower (untitled) with various attachements Line from Schedule A/B: 4.2			100% of fair market value, up to any applicable statutory limit							
	misc. households furniture, appliances and housewares	\$3,000.00	•	\$3,000.00	11 U.S.C. § 522(d)(3)						
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit							

ebtor 1	Tracy Lee Shelley			Case number (if known)	20-30427	
	description of the property and line on edule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che			
	TV, tuner and cell phone from Schedule A/B: 7.1	\$400.00		\$400.00	11 U.S.C. § 522(d)(3)	
Line	Total Confedence 702.			100% of fair market value, up to any applicable statutory limit		
	c. clothing from Schedule A/B: 11.1	\$200.00		\$200.00	11 U.S.C. § 522(d)(3)	
LINE	IIIIII Scriedule PVB. 11.1			100% of fair market value, up to any applicable statutory limit		
che Unio	cking and savings: Vibe Credit	\$200.00		\$200.00	11 U.S.C. § 522(d)(5)	
	from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit		
	it: Landlord - Bruce Hundley	\$680.00		\$680.00	11 U.S.C. § 522(d)(5)	
LINE	IIIIII Scriedule PVB. 22.1			100% of fair market value, up to any applicable statutory limit		
	s of trade, including: laser (28 yrs	\$415.00		\$415.00	11 U.S.C. § 522(d)(6)	
old), hand tools, 2 tripods, moisture meter Line from Schedule A/B: 38.1				100% of fair market value, up to any applicable statutory limit		
	you claiming a homestead exemption oject to adjustment on 4/01/22 and every			led on or after the date of adjustmer	nt.)	
	No					
	Yes. Did you acquire the property covere	ed by the exemption wi	thin 1	,215 days before you filed this case	?	
	□ No					
	☐ Yes					

Fill in this information to identify y						
Fill in this information to identify y						
Debtor 1 Tracy Lee She	elley  Middle Name Last N	ame				
Debtor 2						
(Spouse if, filing) First Name	Middle Name Last N	ame				
United States Bankruptcy Court for th	e: EASTERN DISTRICT OF MICHIGAN					
Case number 20-30427						
(if known)					☐ Check	if this is an
					amend	ded filing
Official Form 106D						
	s Who Have Claims Sec	ured	by Property	y		12/15
	e. If two married people are filing together, both it out, number the entries, and attach it to this f					
1. Do any creditors have claims secured	by your property?					
☐ No. Check this box and submi	t this form to the court with your other sched	ıles. Yo	u have nothing else to	o report	on this form.	
Yes. Fill in all of the information	n below.					
Part 1: List All Secured Claims						
2. List all secured claims. If a creditor ha	s more than one secured claim, list the creditor se	arately	Column A	Colum	n B	Column C
for each claim. If more than one creditor h	as a particular claim, list the other creditors in Part etical order according to the creditor's name.		Amount of claim Do not deduct the value of collateral.		of collateral upports this	Unsecured portion
2.1 Vibe Credit Union	Describe the property that secures the clair	n:	\$10,876.00	Ciaim	\$0.00	If any \$10,876.00
Creditor's Name	2016 Ford Fusion 70000 miles					
21100 Northwestern Hwy.	As of the date you file, the claim is: Check all apply.	that				
Southfield, MI 48075	☐ Contingent					
Number, Street, City, State & Zip Code	☐ Unliquidated					
	☐ Disputed					
Who owes the debt? Check one.	Nature of lien. Check all that apply.					
Debtor 1 only	An agreement you made (such as mortgag	e or secu	ıred			
Debtor 2 only	car loan)					
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	lien)				
At least one of the debtors and another						
☐ Check if this claim relates to a community debt	Other (including a right to offset)					
Date debt was incurred	Last 4 digits of account number					
Add the dollar value of your entries in	Column A on this page. Write that number here	):	\$10,87	6.00		
	ld the dollar value totals from all pages.		\$10,87			
Write that number here:			+,01			

#### tt 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Fill in this in	nformation to identify your c	ase:					
Debtor 1	Tracy Lee Shelley						
Dobtor 1	First Name	Middle Name	Last Nan	ne			
Debtor 2		ACT III A					
(Spouse if, filing)	First Name	Middle Name	Last Nan	ne			
United State	s Bankruptcy Court for the:	EASTERN DISTRICT C	F MICHIGAN				
Case numbe	er <b>20-30427</b>						
(if known)						☐ Check	if this is an
						amend	ed filing
Official F	orm 106E/F						
	e E/F: Creditors WI	no Have Unsecu	ırad Claim	16			12/15
	e and accurate as possible. Use						
name and cas	e Continuation Page to this page e number (if known). st All of Your PRIORITY Uns	•	on to report in a r	art, do not i	ne that i art. On the to	p or any additional	pages, write your
	reditors have priority unsecured						
	o to Part 2.	o.uo uguo. you .					
Yes.	5 to 1 dit 2.						
2. List all of identify who possible, I	your priority unsecured claims. nat type of claim it is. If a claim has ist the claims in alphabetical order nore than one creditor holds a part	both priority and nonpriority according to the creditor's r	amounts, list that name. If you have it	claim here a	nd show both priority a	nd nonpriority amount	s. As much as
(For an ex	xplanation of each type of claim, se	e the instructions for this for	m in the instruction	n booklet.)	Total claim	Priority amount	Nonpriority amount
2.1 <b>IRS</b>	Civil Division	Last 4 digits o	f account numbe	r	\$5,000.00	\$5,000.00	\$0.00
	ty Creditor's Name		dale4 in account d0	2040 A	ND 2040		
	West Fort Street, 23rd Fl roit, MI 48226	OOF when was the	debt incurred?	2016 AI	ND 2019		
	ber Street City State Zip Code	As of the date	you file, the clain	n is: Check a	all that apply		
Who inc	curred the debt? Check one.	Contingent					
■ Debt	or 1 only	☐ Unliquidated	d				
☐ Debt	or 2 only	□ Disputed					
☐ Debt	or 1 and Debtor 2 only	•	RITY unsecured c	laim:			
☐ At lea	ast one of the debtors and another	☐ Domestic su	upport obligations				
☐ Chec	ck if this claim is for a communi		certain other debts	VOU OWE the	government		
Is the cl	aim subject to offset?				u were intoxicated		
■ No		☐ Other. Spec	•				
☐ Yes		_ салот. орос	1040 INC	OME TAX	ES		

State of Michigan	Last 4 digits of account number\$0.00	\$0.00	\$0.0
Priority Creditor's Name  Dept of Treasury  D. D. Boy 20100	When was the debt incurred?		
P.O. Box 30199 Lansing, MI 48909			
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	☐ Contingent		
■ Debtor 1 only	☐ Unliquidated		
Debtor 2 only	Disputed		
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:		
☐ At least one of the debtors and another	☐ Domestic support obligations		
☐ Check if this claim is for a community debt	■ Taxes and certain other debts you owe the government		
Is the claim subject to offset?	☐ Claims for death or personal injury while you were intoxicated		
No	☐ Other. Specify		
Yes	Notice only		
Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the	this form to the court with your other schedules.  alphabetical order of the creditor who holds each claim. If a creditor has more the		
Do any creditors have nonpriority unsecured claim  ☐ No. You have nothing to report in this part. Submit  ☐ Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each content.	this form to the court with your other schedules.	ncluded in Part ne Continuation	1. If more Page of
Do any creditors have nonpriority unsecured claim  ☐ No. You have nothing to report in this part. Submit  ☐ Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already it creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the	ncluded in Part ne Continuation  Total claim	1. If more Page of
Do any creditors have nonpriority unsecured claim  ☐ No. You have nothing to report in this part. Submit  ☐ Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already it	ncluded in Part ne Continuation  Total claim	1. If more Page of
Do any creditors have nonpriority unsecured claim  ☐ No. You have nothing to report in this part. Submit  ☐ Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  Credit One Bank  Nonpriority Creditor's Name P O Box 98873	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already it creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the	ncluded in Part ne Continuation  Total claim	1. If more Page of
Do any creditors have nonpriority unsecured claim  ☐ No. You have nothing to report in this part. Submit  ☐ Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  Credit One Bank  Nonpriority Creditor's Name  P O Box 98873  Las Vegas, NV 89193	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more the laim. For each claim listed, identify what type of claim it is. Do not list claims already it creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number 6530  When was the debt incurred?	ncluded in Part ne Continuation  Total claim	1. If more Page of
Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  Credit One Bank  Nonpriority Creditor's Name P O Box 98873	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already it creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number 6530	ncluded in Part ne Continuation  Total claim	1. If more Page of
Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  Credit One Bank  Nonpriority Creditor's Name  P O Box 98873  Las Vegas, NV 89193  Number Street City State Zip Code	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more the laim. For each claim listed, identify what type of claim it is. Do not list claims already is creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number 6530  When was the debt incurred?  As of the date you file, the claim is: Check all that apply	ncluded in Part ne Continuation  Total claim	1. If more Page of
Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  Credit One Bank  Nonpriority Creditor's Name  P O Box 98873  Las Vegas, NV 89193  Number Street City State Zip Code  Who incurred the debt? Check one.	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more the laim. For each claim listed, identify what type of claim it is. Do not list claims already it creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number 6530  When was the debt incurred?	ncluded in Part ne Continuation  Total claim	1. If more Page of
Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  Credit One Bank  Nonpriority Creditor's Name  P O Box 98873  Las Vegas, NV 89193  Number Street City State Zip Code  Who incurred the debt? Check one.  □ Debtor 1 only  □ Debtor 2 only	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already it creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the claim 4 digits of account number 6530  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated	ncluded in Part ne Continuation  Total claim	1. If more Page of
Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  Credit One Bank  Nonpriority Creditor's Name  P O Box 98873  Las Vegas, NV 89193  Number Street City State Zip Code  Who incurred the debt? Check one.  ■ Debtor 1 only	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more the laim. For each claim listed, identify what type of claim it is. Do not list claims already is creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number 6530  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent	ncluded in Part ne Continuation  Total claim	1. If more Page of
Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  Credit One Bank  Nonpriority Creditor's Name  P O Box 98873  Las Vegas, NV 89193  Number Street City State Zip Code  Who incurred the debt? Check one.  □ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already it creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number 6530  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed	ncluded in Part ne Continuation  Total claim	1. If more Page of
Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  Credit One Bank  Nonpriority Creditor's Name  P O Box 98873  Las Vegas, NV 89193  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another	this form to the court with your other schedules.  Pealphabetical order of the creditor who holds each claim. If a creditor has more that it is a creditor has more that it is. Do not list claims already it creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the claim is account number for the claim is account number for the claim is account it is a creditor in Part 3.If you have more than three nonpriority unsecured claims fill out the claim is account number for the clai	ncluded in Part ne Continuation  Total claim	1. If more Page of
Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  Credit One Bank Nonpriority Creditor's Name P O Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more that it is. Do not list claims already it creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the claim was the debt incurred?  Last 4 digits of account number 6530  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did no	ncluded in Part ne Continuation  Total claim	1. If more Page of

Debtor	Tacy Lee Shelley	Case number (if known) 20-30427	
4.2	James J. Patton Nonpriority Creditor's Name	Last 4 digits of account number	\$53,000.00
	c/o 33110 Grand Rivber Ave. Farmington, MI 48336	When was the debt incurred? 2011	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Ioan/investor	
4.3	Providence Hospital	Last 4 digits of account number	\$215.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	Attn: Billing/Bankruptcy 47601 Grand River Avenue Novi, MI 48374	when was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Bill	
4.4	Wayne Nelson & Janet S. Nelson	Last 4 digits of account number	\$90,000.00
	Nonpriority Creditor's Name c/o 33110 Grand River Ave. Farmington, MI 48336	When was the debt incurred? 2011	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Loan/investor	
Down A			
is try	his page only if you have others to be notified a ing to collect from you for a debt you owe to so	bt That You Already Listed  about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a  bromeone else, list the original creditor in Parts 1 or 2, then list the collection agency here  at you listed in Parts 1 or 2, list the additional creditors here. If you do not have additiona	. Similarly, if you
	ed for any debts in Parts 1 or 2, do not fill out o		
	and Address udicial Circuit Court	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.4 of (Check one):	

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 3 of 4

Debtor 1 Tracy Lee Shelley		Case number (if known)	20-30427
Case No. 13-015022CZ CAYMC %wo Woodward Avenue Detroit, MI 48226	Last 4 digits of account number	■ Part 2: Creditors with Nonp	riority Unsecured Claims
Name and Address Amcol Systems P O Box 21625 Columbia, SC 29221	On which entry in Part 1 or Part 2 did the Line 4.3 of (Check one):  Last 4 digits of account number	you list the original creditor?  Part 1: Creditors with Priorit  Part 2: Creditors with Nonp	
Name and Address Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346	On which entry in Part 1 or Part 2 did Line 2.1 of (Check one):  Last 4 digits of account number	you list the original creditor?  Part 1: Creditors with Priorit  Part 2: Creditors with Nonp	
Name and Address LVNV Funding P O Box 1269 Greenville, SC 29602	On which entry in Part 1 or Part 2 did tine 4.1 of (Check one):  Last 4 digits of account number	you list the original creditor?  Part 1: Creditors with Priorit  Part 2: Creditors with Nonp	•
Name and Address Third Party Withholding Unit Michigan Department of Treasury P O Box 30785 Lansing, MI 48909	On which entry in Part 1 or Part 2 did the Line 4.4 of (Check one):  Last 4 digits of account number	you list the original creditor?  Part 1: Creditors with Priorit  Part 2: Creditors with Nonp	

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 5,000.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 5,000.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6a.	Obligations arising out of a separation agreement or divorce that		
	og.	you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 145,942.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 145,942.00

Fill in this infor	mation to identify your	case:			
Debtor 1	Tracy Lee Shelley	/			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN		
_	20-30427				
(if known)					Check if this is an
					amended filing

## Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have th r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3	Ony		Olato	211 0000	
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.4	<u> </u>		<u> </u>		
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.5	- City		Ciaio	211 0000	
-	Name				_
	Number	Street			_
	City		State	ZIP Code	

<b>=</b> ::::::::::::::::::::::::::::::::::::		dan da Marida				İ
	is informa	tion to identify your o				
Debtor 1		Tracy Lee Shelley First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, f		First Name	Middle Name	Last Name		
United St	tates Bank	ruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN		
Case nur	mber <b>20</b>	-30427				
(if known)						☐ Check if this is an amended filing
		n 106H <b>I: Your Cod</b> e	ebtors			12/15
people ar fill it out, your nam	re filing to and numb ne and cas	gether, both are equa per the entries in the l se number (if known).	on the left of supply boxes on the left. Attach the left of the le	ring correct informatior he Additional Page to t	n. If more space is a his page. On the to	rate as possible. If two married needed, copy the Additional Page, op of any Additional Pages, write
1. Do	o you have	e any codebtors? (If y	ou are filing a joint case, do	not list either spouse as	a codebtor.	
□ No						
Arizo	ona, Califo o. Go to lin	rnia, Idaho, Louisiana, e 3.	lived in a community pro Nevada, New Mexico, Puel se, or legal equivalent live	to Rico, Texas, Washing		ty states and territories include )
	□ No □ Yes.					
		which community state	or territory did you live?		. Fill in the name a	and current address of that person.
	City	,	State	Zip Code	<u>-</u>	
in lir Forn	ne 2 again	as a codebtor only if chedule E/F (Official	that person is a guaranto	r or cosigner. Make su	re you have listed t	ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fil
		1: Your codebtor ber, Street, City, State and ZIF	P Code		Column 2: The cr Check all schedul	editor to whom you owe the debt es that apply:
3.1	4400 Be	et Shelley eck Rd MI 48843			■ Schedule D, □ Schedule E/F □ Schedule G _ Vibe Credit Uni	F, line

Official Form 106H Schedule H: Your Codebtors Page 1 of 1
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Page 1 of 1
Best Case Bankruptcy
Page 20 of 33

Fill	in this information to identify your ca	ase:							
Del	otor 1 Tracy Lee S	helley							
1 -	otor 2 ouse, if filing)				_				
Uni	ted States Bankruptcy Court for the	: EASTERN DISTRICT	OF MICHIGAN		_				
Cas	se number <b>20-30427</b>					Check if this	s is:		
(If kr	nown)		-			☐ An ame	nded filing		
_								ng postpetition following date:	chapter
0	fficial Form 106l					MM / DI	D/ YYYY		
S	chedule I: Your Ince	ome							12/15
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment	are married and not filing wi	ng jointly, and your : ith you, do not inclu	spouse i de inforr	s living	j with you, i about your	nclude infor spouse. If m	mation about ore space is i	your needed,
1.	Fill in your employment information.		Debtor 1			Debt	or 2 or non-f	iling spouse	
	If you have more than one job, attach a separate page with information about additional employers.	F	■ Employed	■ Employed			☐ Employed		
		Employment status	☐ Not employed			□ N	☐ Not employed		
	Include part-time, seasonal, or self-employed work.	Occupation	salesman basm waterproofing	ent					
		Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed t	here?						
Par	t 2: Give Details About Mor	nthly Income							
	mate monthly income as of the dause unless you are separated.	ate you file this form. If	you have nothing to re	eport for	any line	e, write \$0 in	the space. In	clude your nor	n-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the informatio	n for all e	mploye	ers for that pe	erson on the I	ines below. If y	ou need
					Fo	or Debtor 1		ebtor 2 or ling spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.0	90 \$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.0	<u> </u>	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	0.00	\$	N/A	

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. **+**\$

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

		Com	bined
	12.	\$	4,199.00
е.			

monthly income

0.00

13.	Do you expect an	increase or decre	ease within the year	after you file this form?
-----	------------------	-------------------	----------------------	---------------------------

		Ν	lC

Yes. Explain:

	in this informa	tion to identify yo	our case:			Ī				
Deb		Tracy Lee SI					ck if this is:			
	tor 2 buse, if filing)					☐ An amended filing ☐ A supplement showing postpetition chapter 13 expenses as of the following date:				
Unit	ed States Bankr	ruptcy Court for the	EASTE	RN DISTRICT OF MICH	GAN		MM / DD / YYYY			
	e number 20 nown)	)-30427								
		rm 106J	Evnor			-				
Be a	as complete a		possible.	If two married people a						
Par 1.	t 1: Descr Is this a joir	ribe Your House nt case?	hold							
	■ No. Go to □ Yes. <b>Doe</b> □ N	o line 2. es Debtor 2 live		ate household? al Form 106J-2, <i>Expense</i>	es for Separate House	e <i>hold</i> of Deb	otor 2.			
2.	Do you have	e dependents?	■ No							
	Do not list Do Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?		
	Do not state dependents							□ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes		
3.	expenses of	penses include f people other t d your depende	han $_{f \Box}$	No Yes				☐ Yes		
Est exp	imate your ex		our bankrı	uptcy filing date unless				apter 13 case to report of the form and fill in the		
the		h assistance an		government assistance :luded it on <i>Schedule I:</i>			Your exp	enses		
4.		or home owners and any rent for th		ses for your residence.	Include first mortgag	e 4. §	B	960.00		
	If not includ	led in line 4:								
_	4b. Prope 4c. Home 4d. Home	owner's associat	pair, and ι ion or cond	upkeep expenses dominium dues		4a. 9 4b. 9 4c. 9 4d. 9		0.00 30.00 120.00 0.00		
5.	Additional r	nortgage payme	ents for yo	our residence, such as h	ome equity loans	5. 9		0.00		

Official Form 106J Schedule J: Your Expenses 20-30427-jda Doc 10 Filed 03/05/20 Entered 03/05/20 23:53:42 Page 23 of 33

Official Form 106J Schedule J: Your Expenses 20-30427-jda Doc 10 Filed 03/05/20 Entered 03/05/20 23:53:42 Page 24 of 33

Fill in this info	rmation to identify your	case:			
Debtor 1	Tracy Lee Shelley	1			
	First Name	Middle Name	Last Name		
Debtor 2	E: AN	NO. III. N			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	EASTERN DISTRICT O	OF MICHIGAN		
Case number	20-30427				
(if known)					☐ Check if this is an
					amended filing
· You must file th		le bankruptcy schedules	s or amended schedu	ules. Making a false staten	nent, concealing property, or , or imprisonment for up to 20
	18 U.S.C. §§ 152, 1341, 1		.,.,		,
Sig	gn Below				
Did you pa	ay or agree to pay some	one who is NOT an atto	rney to help you fill o	out bankruptcy forms?	
■ No					
☐ Yes.	Name of person				uptcy Petition Preparer's Notice,
				Declaration, a	and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules	filed with this declaration	and
X /s/ Tra	acy Lee Shelley		X		
Tracy	Lee Shelley ure of Debtor 1		Signature	e of Debtor 2	

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

Date \_\_\_\_

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Date March 5, 2020

Best Case Bankruptcy

		nation to identify you				
Debt	or 1	Tracy Lee Shelle	Middle Name	Last Name		
Debt	or 2					
(Spou	se if, filing)	First Name	Middle Name	Last Name		
Unite	ed States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN		
Case	e number 2	20-30427				
(if kno	wn)				_	heck if this is an mended filing
∩ff	icial Fo	rm 107				
			Affairs for Individ	duals Filing for B	ankruptcy	4/19
infori	mation. If m		attach a separate sheet to		equally responsible for sup additional pages, write you	
Part		,	nrital Status and Where You	Lived Before		
1. \	What is your	current marital statu	ıs?			
 	■ Married □ Not mar	ried				
2. I	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
ĺ	■ No □ Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<b>'</b> .	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
ı	No					
ľ	■ No □ Yes. Ma	ike sure vou fill out <i>Sch</i>	hedule H: Your Codebtors (Of	fficial Form 106H).		
			(0)	,		
Part	2 Explai	n the Sources of You	r Income			
I	Fill in the tota	l amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No					
i	_	in the details.				
			Debtor 1	0	Debtor 2	0
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	☐ Wages, commissions, bonuses, tips	\$6,000.00	☐ Wages, commissions, bonuses, tips	
			Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

attorney for this bankruptcy case.

Deb	otor 1	Tracy Lee Shelley		Case number	(if known)	20-30427	
11.		in 90 days before you filed for bank unts or refuse to make a payment b		did any creditor, including a bank or financial in you owed a debt?	stitution	, set off any a	amounts from your
	_	No					
		Yes. Fill in the details.					
	Cred	ditor Name and Address	Des	scribe the action the creditor took	Date a taken	action was	Amount
12.	Within 1 year before you filed for bankruptcy, was any of your property in the posses court-appointed receiver, a custodian, or another official?				assignee	for the bene	efit of creditors, a
	_	No Yes					
Par	- t 5:	List Certain Gifts and Contribution	ns				
13.	_	in 2 years before you filed for bankı No	uptcy, c	did you give any gifts with a total value of more t	han \$600	) per person	?
	_	Yes. Fill in the details for each gift.					
		s with a total value of more than \$60 person	00	Describe the gifts	Dates the qi	you gave fts	Value
	Pers	son to Whom You Gave the Gift and			J		
	Add	lress:					
14.		No		did you give any gifts or contributions with a tota	al value o	of more than	\$600 to any charity?
		Yes. Fill in the details for each gift or o	contributi				
	more Cha	s or contributions to charities that the than \$600 rity's Name Iress (Number, Street, City, State and ZIP Cod		Describe what you contributed	Dates	you buted	Value
Par	t 6:	List Certain Losses	-,				
15.		in 1 year before you filed for bankru ambling?	ıptcy or	since you filed for bankruptcy, did you lose any	thing be	cause of the	ft, fire, other disaster,
		No					
		Yes. Fill in the details.					
		cribe the property you lost and the loss occurred	Include	be any insurance coverage for the loss the amount that insurance has paid. List pending not claims on line 33 of Schedule A/B: Property.	Date o	of your	Value of property lost
Par	t 7:	List Certain Payments or Transfer		, ,			
		·					
16.	cons	sulted about seeking bankruptcy or	preparir	d you or anyone else acting on your behalf pay on ga bankruptcy petition? s, or credit counseling agencies for services require			rty to anyone you
		No					
	_	Yes. Fill in the details.					
	Add Ema	son Who Was Paid Iress ail or website address son Who Made the Payment, if Not \	/ou	Description and value of any property transferred		oayment nsfer was	Amount of payment
	Doll 219	lar Learning Foundation 00 Burbank Blvd. odland Hills, CA 91367	i ou	credit counsleing course	02/20	/2020	\$14.99

	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	transferred		Date payment or transfer was made	Amount of payment	
	Bohikian Law Group, PLLC 748 W. Grand River Ave. Brighton, MI 48116	legal services for \$1,310 whi includes court filing fee of \$3		2/20/2020	\$1,310.00	
17.	Within 1 year before you filed for bankruptcy, d promised to help you deal with your creditors o Do not include any payment or transfer that you list	r to make payments to your credit		r transfer any prope	rty to anyone who	
	■ No					
	Yes. Fill in the details.					
	Person Who Was Paid Address	Description and value of any pro transferred	pperty	Date payment or transfer was made	Amount of payment	
18.	Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busin Include both outright transfers and transfers made	ness or financial affairs?				
	include gifts and transfers that you have already lis		security interes	t of mortgage on your	property). Do not	
	No					
	Yes. Fill in the details.	Description and value of	Describes		Data tuamafan was	
	Person Who Received Transfer Address	Description and value of property transferred		iny property or received or debts change	Date transfer was made	
	Person's relationship to you					
19.	Within 10 years before you filed for bankruptcy, beneficiary? (These are often called asset-protect		self-settled tru	st or similar device	of which you are a	
	■ No □ Yes. Fill in the details.					
	Name of trust	Description and value of the pro	perty transferre	ed	Date Transfer was	
					made	
Par	8: List of Certain Financial Accounts, Instru	ments, Safe Deposit Boxes, and St	orage Units			
20.	Within 1 year before you filed for bankruptcy, w sold, moved, or transferred?	•				
	Include checking, savings, money market, or ot houses, pension funds, cooperatives, associati  No	,		ares in banks, credit	unions, brokerage	
	Yes. Fill in the details.					
		st 4 digits of Type of acco count number instrument	clo mo	e account was sed, sold, ved, or nsferred	Last balance before closing or transfer	
21.	Do you now have, or did you have within 1 year cash, or other valuables?	before you filed for bankruptcy, a	ny safe deposit	box or other deposi	tory for securities,	
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the o	contents	Do you still have it?	

22	Have	ou stored property in a storage unit or pla	ace other than your home within 1	vear before you filed for hankruptey	?
<b>∠∠.</b>	_	ou stored property in a storage unit or pre	ace other than your nome within t	year before you filed for ballkruptcy	•
	■ N				
		es. Fill in the details.			_
		of Storage Facility PSS (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Par	t 9:	dentify Property You Hold or Control for S	Someone Else		
23.		u hold or control any property that someo	ne else owns? Include any proper	rty you borrowed from, are storing fo	r, or hold in trust
	■ N				
	_	es. Fill in the details.			
		r's Name SS (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Par	t 10:	Give Details About Environmental Informa	ation		
For	the pur	pose of Part 10, the following definitions	apply:		
	toxic s	onmental law means any federal, state, or l substances, wastes, or material into the ai tions controlling the cleanup of these sub	r, land, soil, surface water, ground	•	
		eans any location, facility, or property as a n, operate, or utilize it, including disposal s	•	law, whether you now own, operate,	or utilize it or used
		dous material means anything an environr Ious material, pollutant, contaminant, or s		s waste, hazardous substance, toxic	substance,
Rep	ort all r	notices, releases, and proceedings that yo	ou know about, regardless of whe	n they occurred.	
24.	Has ar	ny governmental unit notified you that you	ı may be liable or potentially liable	under or in violation of an environm	ental law?
	■ N				
	□ Y	es. Fill in the details.			
		of site PSS (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have y	ou notified any governmental unit of any	release of hazardous material?		
	■ N	o es. Fill in the details.			
		of site	Governmental unit	Environmental law, if you	Date of notice
		PSS (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State an ZIP Code)		Date of Hotice
26.	Have y	ou been a party in any judicial or adminis	trative proceeding under any env	ironmental law? Include settlements	and orders.
	■ N	o es. Fill in the details.			
	Case Case	Title Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	t 11:	Give Details About Your Business or Con	nections to Any Business		
27.	Within	4 years before you filed for bankruptcy, o	lid you own a business or have ar	ny of the following connections to any	y business?
		A sole proprietor or self-employed in a to	rade, profession, or other activity,	either full-time or part-time	
		A member of a limited liability company	(LLC) or limited liability partnersh	ip (LLP)	
Offici	al Form	107 Statement o	f Financial Affairs for Individuals Filing	g for Bankruptcy	page 6

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Deb	otor 1 Tracy Lee Shelley		Case number (if known) 20-30427	
	☐ A partner in a partnership			
	☐ An officer, director, or managing ex	ecutive of a corporation		
	☐ An owner of at least 5% of the votin	g or equity securities of a corporation		
	☐ No. None of the above applies. Go to F	Part 12.		
	Yes. Check all that apply above and fill	in the details below for each business.	<u>.</u>	
	Business Name	Describe the nature of the business	Employer Identification number	
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN.	
			Dates business existed	
	Tracy Shelley 4400 Beck Rd.	Sales	EIN: XXX-XX-0797	
	Howell, MI 48843		From-To 2010 to present	
	☐ Yes. Fill in the details below.  Name Address (Number, Street, City, State and ZIP Code)	Date Issued		
Par	t 12: Sign Below			_
are to with 18 U		false statement, concealing property, o	d I declare under penalty of perjury that the answers or obtaining money or property by fraud in connection years, or both.	
Dat	e March 5, 2020	Date		
■ N	res			
	you pay or agree to pay someone who is not lo lo 'es. Name of Person Attach the Bankru		•	
•		,,	3	

# United States Bankruptcy Court Eastern District of Michigan

	_		La	stern District of Michig					
In re	Tracy I	_ee Shelley		Debtor(s)	Case N Chapte		30427		
				(,					
				NT OF ATTORNEY FOR D UANT TO F.R.BANKR.P. 20					
	The und	ersigned, pursu	uant to F.R.Bankr.P. 2016(b	), states that:					
1.	The und	ersigned is the	attorney for the Debtor(s) is	n this case.					
2.	The com	pensation paid	or agreed to be paid by the	Debtor(s) to the undersigned	is: [Check one]				
	[ <b>X</b> ]	FLAT FEE							
	A.			ation of and in connection with		3,500.0	0_		
	B.	Prior to filin	g this statement, received .		· · · · · · · · · · ·	1,000.0	<u>0</u> _		
	C.	The unpaid b	balance due and payable is		· · · · · · · · ·	2,500.0	0_		
	[]	RETAINER	<u>.</u>						
	A.	Amount of r	retainer received		· · · · · · · · · · · · · · · · · · ·		_		
	В.			etainer at an hourly rate of \$nd expenses exceeding the am		hourly rate	e schedule.] Debtor(s) have		
3.	\$ <u>310</u>	.00 of the fil	ling fee has been paid.						
4.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: [Cross out any that do not apply.]								
	A. B. C. D. E. F.	bankruptcy; Preparation a Representation Representation Reaffirmation Redemptions	and filing of any petition, so on of the debtor at the meeti on of the debtor in adversary	on, and rendering advice to the hedules, statement of affairs a ing of creditors and confirmati y proceedings and other conte	nd plan which may b	e required;	- ;		
	G.	reaffirmation	ns with secured creditor on agreements and app for avoidance of liens	rs to reduce to market val lications as needed; prep on household goods.	lue; exemption pla aration and filing	anning; p of motior	reparation and filing of ns pursuant to 11 USC		
5.	By agree	Representa		sed fee does not include the fo ny dischargeability action oceeding.		oidances	, relief from stay		
6.	The sour A. B.	rce of payments  XX		om: ages, compensation for service ding the identity of payor)	es performed				
7.			ot shared or agreed to share, ensation paid or to be paid e	with any other person, other except as follows:	than with members o	of the under	rsigned's law firm or		
Dated:	Marc	h 5, 2020			/s/ Dickron Bohik	tian			
					Attorney for the Del				
					Dickron Bohikian Bohikian Law Gre		C		
					748 W. Grand Riv		-		
					Brighton, MI 4811				
					810-494-7172 ecf	@bohikia	nlaw.com		
Agreed:	/s/ Tr	acy Lee Shel	ley						

Tracy Lee Shelley

Debtor

Debtor